Independent Study Contract

If you want to do a independent study, complete the following form and return to the professor. You may enroll in the course only after you have received approval.

Student's Name:_____

Mailing Address:_____

Home Phone:______Work Phone:_____

Semester:_____ Number of credit hours:_____

I will complete the following project/activity (Be specific! Include # of hours, name of agency and supervisor where applicable):

I agree to complete the following written assignment:

Due date:	
Student's signature:	Date:
Professor's signature:	Date: